## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wis applicable fee(s), to: Mail

Mail Stop ISSU FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u>

appropriate. All further con- indicated unless corrected be maintenance fee notification	elow or directed otherwise	mitting the ISSUE FI ratent, advance orders in Block I, by (a) spe	EE and PUBLICA and notification of cifying a new cor	TION FEE (if requirements from the first from the f	ifred). Blocks will be mailed ;; and/or (b) in	I through 4 s to the current dicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
08791 75 BLAKELY SOK	E ADDRESS (Note: Legibly mark-up 90 06/17/2004 OLOFF TAYLOR & BOULEVARD, SEVE	ZAFMAN O	IPE CH	apers. Each addition ave its own certificate Ce hereby certify that tates Postal Service	al paper, such te of mailing of ertificate of Ma	as an assignm transmission. ailing or Tran	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope a above, or being facsimile low.
	E ALLO	LINDA D				(Depositor's name)	
	E CONTRACTOR OF THE CONTRACTOR			XDECCO)		(Signature)	
			TRADEMA	Qualit	75,6	2004	(Date)
APPLICATION NO.	FILING DATE	FIRST	r named invent	OR O	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/601,299	06/14/2003		Arpag Dadourian	Padourian		P005	5872
TITLE OF INVENTION: GI	ENERATING A MATTE SI	GNAL FROM A RETR	•				
					TOTAL FEE(S) DUE		DATE DUE
nonprovisional YES		\$665		\$300		965	09/17/2004
EXAMINER AND DEW T		ART UNIT		CLASS-SUBCLASS			
SEVER, AT		2851		53-028000			
<ul> <li>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF</li> </ul>			2. For printing on the patent front page, li names of up to 3 registered patent atte agents OR, alternatively, (2) the name of firm (having as a member a registered at agent) and the names of up to 2 register attorneys or agents. If no name is listed, will be printed.			torneys or 1 BLAKELY SOKOLOFF of a single ttorney or 2 TAYLOR & ZAFMAN red patent	
	an assignee is identified belo I to the USPTO or is being st	ow, no assignee data w ubmitted under separate	rill appear on the percentage cover. Completic	• • •		only appropri or filing an ass	ate when an assignment has ignment.
IMATTE, INC.			CHATSWORTH, CALIFORNIA				
Please check the appropriate assignee category or categories (will not be printed on the patent); 🔲 individual 🙇 corporation or other private group entity 🚨 government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Sissue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by							
Director for Patents is reques	ted to apply the Issue Fee an						
				my previously paid i		аррисаной ісс	
other than the applicant; a interest as shown by the rec	Publication Fee (if require registered attorney or age ords of the United States Pat ion is required by 37 CFR by the public which is to fill is governed by 35 U.S.C. It is to complete, including gan to the USPTO. Time will the amount of time you re the term of the term	nt; or the assignee or ent and Trademark Off 1.311. The information e (and by the USPTO	other party in ice.	08/11/2004 SP 01 FC:2501 02 FC:1504 03 FC:8001	Hassen2 0000	6	99 65.00 OP 00.00 OP 30.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.